



# MENTAL RETARDATION BULLETIN

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE

**March 15, 2004**

EFFECTIVE DATE

**Immediately**

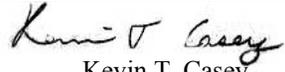
NUMBER

**00-04-07**

SUBJECT:

Clarifying Procedures for Individual and Provider Appeals

BY:

  
Kevin T. Casey  
Deputy Secretary for Mental Retardation

## SCOPE:

County MH/MR Administrators  
Base Service Unit Directors  
Community Residential MR Facility Directors  
Family Living Providers  
Adult Training Facility Directors  
Vocational Facility Directors  
Unlicensed Providers

## PURPOSE:

The purpose of this Bulletin is to clarify the procedures for individual and provider appeals. This Bulletin covers provider appeals under Chapter 4300 regulations and the Local Agency Law, individual appeals for non-waiver recipients, and individual appeals for waiver recipients. ICF/MR provider appeals and OBRA appeals are not included in this Bulletin. Provider appeals concerning individuals enrolled in the Infants, Toddlers, and Families waiver are also not included in this Bulletin.

## BACKGROUND:

Questions have been raised from individuals and providers regarding what types of appeals are resolved locally and what types of appeals are directed to the Department of Public Welfare's Bureau of Hearings and Appeals (BHA).

In addition to this Bulletin, there is complementary information concerning individual appeals in Mental Retardation Bulletin 00-00-09 entitled "Service Preference in Medicaid Waivers for Individuals with Mental Retardation."

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

**DISCUSSION:**

**THE APPROPRIATE REGIONAL PROGRAM OFFICE**

## PROVIDER APPEALS

### **Chapter 4300 Appeals (non-waiver appeals, Bureau of Hearings and Appeals not involved)**

Title 55 Pa. Code Chapter 4300 regulations establish the right to appeal for provider agencies. Section 4300.139(d) states: “Counties shall establish a procedure to provide contract agencies with an opportunity to be heard by the county mental health and mental retardation board, or a committee thereof, regarding contract disputes arising under this chapter. The purpose shall be for the board to hear the issues and arguments involved in the dispute and develop recommendations to the appropriate county authority.”

If the provider is not satisfied with the decision rendered by the county authority, the provider has further appeal rights to county courts based on the Local Agency Law (2 Pa. C.S. §§551-555). The provider has to appeal to the board or committee before pursuing the appeal through the county courts.

The Local Agency Law states that any party may be represented before a local agency; that any party shall have reasonable notice of a hearing and an opportunity to be heard; that relevant evidence may be received along with the opportunity for reasonable examination and cross-examination; and that “all adjudications of a local agency shall be in writing, shall contain findings and reasons for the adjudication, and shall be served upon all parties or their counsel personally, or by mail.”

Consequently, provider appeals that are primarily related to rate and county contractual issues are initiated and completed in accordance with Chapter 4300 regulations and the Local Agency Law.

## INDIVIDUAL APPEALS

### **Appeals for Non-Waiver Recipients (Bureau of Hearings and Appeals not involved)**

Nason v. Commonwealth, 533 A.2d 435 (Pa. 1987), states that non-waiver applicants and recipients have the right to appeal under the Local Agency Law when services are denied, reduced, or terminated. The appeal process is the same as listed above in the “Provider Appeals” section. The Bureau of Hearings and Appeals lacks jurisdiction to hear matters covered under Local Agency Law. See Chartiers v. DPW, 696 A.2d 244 (Pa. Commonwealth 1997). Exception: 55 Pa. Code 6210.50 and 6210.52 state that Medical Assistance recipients may appeal level of care decisions related to ICF/MR to the Bureau of Hearings and Appeals in accordance with 55 Pa. Code 275.

When the county determines that an applicant for or recipient of private or public ICF/MR services is not eligible for those services, the individual can appeal to the Bureau of Hearings and Appeals. This is in accordance with Mental Retardation Bulletin 00-02-13 entitled “Need for ICF/MR Level of Care” (see page 6).

### **Appeals for Waiver Recipients**

The individual’s right to appeal a denial, reduction, or termination of services is detailed in Mental Retardation Bulletin 00-00-09 entitled “Service Preference in Medicaid Waivers for Individuals with Mental Retardation” (see page 10). The County MH/MR Program must send a written notice to the individual before services are denied, reduced, or terminated. The individual may then try to resolve an issue through meeting with County officials, through the mediation process, or through a fair hearing conducted by the Bureau of Hearings and Appeals. The mediation process is completed through an independent entity that is currently the Office for Dispute Resolution in Harrisburg. Mediation is described in detail in Mental

Retardation Bulletin 00-00-09 entitled “Service Preference in Medicaid Waivers for Individuals with Mental Retardation” (see pages 12-14). The individual can use these methods concurrently or one at a time.

Regarding appeals sent to the Bureau of Hearings and Appeals for individuals, 55 Pa. Code §275.4(a)(2) states that individuals must file an appeal with the agency that made the determination being questioned, and §275.1(a)(3) specifically includes social service agencies: “the term Department includes, in addition to County Assistance Offices, agencies which administer or provide social services under contractual agreement with the Department.” This includes the County MH/MR Program.

The County MH/MR Program is responsible for ensuring that individuals receive whatever help is needed to fill out and file the appeal form [see 55 Pa. Code §275.4(a)(1)], and individual appeals will be processed in accordance with the following guidelines:

- Appeals sent to the Bureau of Hearings and Appeals must be initially filed with the County MH/MR Administrator or designee in accordance with 55 Pa Code §275.4 (a)(2)(i) and (vii). The appeal must be received by the County MH/MR Program within 30 days from the date of the written notice. A postmark is not adequate. It must be received by the deadline date. If the deadline falls on a holiday or weekend, the appeal will be considered timely if it is received on the next business day. When the appeal is forwarded to the Bureau of Hearings and Appeals, the County MH/MR Program should include the envelope in which the appeal was received.
- An individual has the right to appeal a County MH/MR Program’s failure to act. Regulations at 55 Pa. Code §275.1(a)(i)(E) state that an individual may appeal an “undue delay in making a payment adjustment or acting upon a request or application.”
- An action where a notice was not issued and not required must be appealed within 60 days from the date of the action or failure to act (see 55 Pa. Code §275.3(b)(2). If a notice was required but not issued by the agency, an appeal may be made up to six months from the date of the action or failure to act. In 55 Pa. Code §275.3(b)(3), it states:

“When the county office, administering agency or service provider fails to send written notice which was required of the action and of the right of appeal or because of administrative error, ongoing delay or failure to take corrective action that should have been taken, the time limit in paragraphs (2) or (4) will not apply. For a period of six months from the date of the action or failure to act, the client shall have the right of appeal and shall exercise that right in writing. After six months from the date of the county office, administering agency or service provider action or failure to act, a written appeal may be filed with the agency provided that the client signs an affidavit stating the following:

- The client did not know of his right of appeal or believed the problem was being resolved administratively.
- The client actually believes the county office erred in its actions.
- The appeal is being made in good faith. Appeals which do not meet the time limitations and requirements set forth in this paragraph and in paragraphs (1) and (2) will be dismissed without a hearing.

- An appeal request received by the agency prior to March 1, 1979, will be controlled by the regulation in effect at the time the request was received by the agency.”
- In order for the Bureau of Hearings and Appeals to efficiently process appeals, the appeal form (MR 458) must contain the following information at a minimum: Individual’s name and signature (if the individual is unable to write, the representative’s signature will suffice), current mailing address and phone number; name of individual’s representative and the representative’s signature, the representative’s current mailing address and phone number (if applicable); the relationship of the representative to the individual (i.e., provider, parent, attorney, etc.); and statements to clearly indicate the reason for the appeal and the relief being sought. A copy of the written notice that was issued by the County MH/MR Program notifying the individual of the decision or action satisfies the requirement of indicating the reason for the appeal. Again, it is the responsibility of the County MH/MR Program to ensure that the appeal form is filled out correctly.
- The appeal form must also indicate whether an interpreter is needed to provide information in a language other than English and whether the appeal form needs to be translated into a language other than English. These requirements are in accordance with Title VI of the 1964 Civil Rights Act that pertains to individuals with Limited English Proficiency (LEP). The County MH/MR Program will assess whether the individual and the individual’s representative are proficient in the English language or will require an interpreter or translated documents.
- An indication of reasonable special accommodations for hearing impairment or other disability is required in order to participate in the hearing, e.g., American Sign Language interpreters must be provided if requested, text telephone relay services due to hearing impairment or large print documents due to visual impairments, etc.
- The County MH/MR Program must date-stamp the appeal upon receipt and forward it to the Bureau of Hearings and Appeals within three working days of the date received in accordance with 55 Pa. Code §275.4(a) (2)(vii). The County MH/MR Program will send a copy of the appeal to the appropriate Regional Office of Mental Retardation and to the individual.
- When submitting the appeal to the Bureau of Hearings and Appeals, the County MH/MR Program must include a copy of the written notice that was issued to the individual regarding the County’s decision on the issue being appealed. Failure to include the written notice will not necessarily delay or negate the appeal.
- The County MH/MR Program must also complete the Bureau of Hearings and Appeals cover sheet and attach it to the appeal because the hearing may not be scheduled if the cover sheet is not completed. In addition to the individual’s information and the individual’s representative information, the cover sheet must indicate the name, mailing address and telephone number of the County MH/MR Program representative who will attend the hearing. If a telephone hearing was selected by the individual, the County MH/MR Program representative’s telephone number listed on the Bureau of Hearings and Appeals cover sheet will be the telephone number where the County representative will be called for the telephone hearing unless otherwise indicated on the cover sheet. The County MH/MR Program will send a copy of the completed Bureau of Hearings and Appeals Agency Appeal Cover Sheet to the appropriate Regional Office of Mental Retardation and to the state-wide Waiver Coordinator in the Bureau of Community Programs.

- The County MH/MR Program must offer a pre-hearing conference to the individual in accordance with 55 Pa. Code §275.4 (a)(3)(ii). The pre-hearing conference is optional for the individual and does not involve the Bureau of Hearings and Appeals. Neither party is required to change its position at the pre-hearing conference, but it gives the parties an opportunity to settle the matter prior to the hearing. If the issue is resolved prior to the Bureau of Hearings and Appeals hearing, then the Bureau of Hearings and Appeals must be notified in writing by the County MH/MR Program.
- A representative who signs an appeal on behalf of an individual or represents an individual at a hearing may be required to show proof of authorization by the individual to act as the individual's representative. An exception is made if the representative is an attorney retained by the individual or if the individual is a minor child or an incompetent person represented by a family member/guardian, advocate, or friend.
- The individual may file an oral appeal by telephone or in person. The County MH/MR Program that receives the appeal should document the appeal and forward the documentation to the Bureau of Hearings and Appeals. The individual must follow-up an oral appeal with a written appeal within three days; however, the County MH/MR Program should forward the documentation of the appeal to the Bureau of Hearings and Appeals regardless of whether the individual has submitted a written appeal. It is the County MH/MR Program's responsibility to ensure the individual gets necessary assistance to file the written appeal.
- If the County MH/MR Program receives a withdrawal from the individual prior to the hearing, the written withdrawal must be mailed or faxed to the Bureau of Hearings and Appeals, and a copy must be sent to the appropriate Regional Office of Mental Retardation.
- All withdrawals must be written and signed by the individual. The County MH/MR Program cannot withdraw the appeal, even if it rescinds the action.
- When a hearing date is scheduled, the Bureau of Hearings and Appeals will send a copy of the "Notice of Hearing Date and Time" form to the individual, the County MH/MR Program, and the appropriate Regional Office of Mental Retardation.
- All questions regarding the hearing process (see 55 Pa. Code §275.4) must be directed to the Bureau of Hearings and Appeals site administrator at the appropriate Bureau of Hearings and Appeals regional location as follows:

Central and Northeast Regions: Adams, Berks, Bradford, Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Franklin, Fulton, Huntington, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, York

Bureau of Hearings and Appeals  
 2330 Vartan Way, 2<sup>nd</sup> Floor  
 Harrisburg, PA 17110  
 Phone: (717) 783-3950  
 Fax: (717) 772-2769

Southeast Region: Bucks, Chester, Delaware, Montgomery, Philadelphia

Bureau of Hearings and Appeals  
 1400 Spring Garden Street  
 Room 1608  
 Philadelphia, PA 19130-9943  
 Phone: (215) 560-2145  
 Fax: (215) 560-2378

Western Region: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango, Warren, Washington, Westmoreland

Bureau of Hearings and Appeals  
 Two Gateway Center  
 Suite 1125  
 603 Stanwix Street  
 Pittsburgh, PA 15222  
 Phone: (412) 565-5213  
 Fax: (412) 565-5514

- Failure to follow the regulatory procedures can result in an appeal being delayed or denied.
- Final administrative action must be taken within 90 days from the date of an appeal in accordance with 55 Pa. Code §275.4(b)(1).

### **Reconsideration**

Individuals or agencies who do not agree with a decision from the Bureau of Hearings and Appeals may request Reconsideration from the Secretary of Public Welfare in accordance with 1 Pa. Code §35.241 and 55 Pa. Code §275.4(h)(4)(ii), and/or petition the Commonwealth Court as per 42 Pa. C.S.A. §763.

A request for Reconsideration must be filed within 15 days of receiving a decision from the Bureau of Hearings and Appeals. The Reconsideration request must detail the reasons for disagreeing with the decision, and it must be sent to the Bureau of Hearings and Appeals which will forward it to the Secretary. The Secretary can reverse, remand, or affirm the decision made by the Bureau of Hearings and Appeals.

Further information on Reconsideration and other regulations noted in this Bulletin can be found at the Pennsylvania Code website at [www.pacode.com](http://www.pacode.com). Click on “55 Public Welfare” and go to Chapter 275 entitled “Appeal and Fair Hearing and Administrative Disqualification Hearings.”

**FAIR HEARING REQUEST FORM  
HOME AND COMMUNITY-BASED SERVICES  
FOR INDIVIDUALS WITH MENTAL RETARDATION**

TO: DEPARTMENT OF PUBLIC WELFARE DATE \_\_\_\_\_  
BUREAU OF HEARINGS AND APPEALS  
(THE COUNTY MH/MR PROGRAM WILL FORWARD THIS APPEAL TO THE APPROPRIATE  
BUREAU OF HEARINGS AND APPEALS OFFICE LISTED ON PAGES 3-4)

FROM: NAME OF APPELLANT \_\_\_\_\_ DAY TELEPHONE NUMBER \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_

SIGNATURES: APPELLANT \_\_\_\_\_

WITNESS (IF APPELLANT MAKES MARK) \_\_\_\_\_

WITNESS (IF APPELLANT MAKES MARK) \_\_\_\_\_

I HEREBY REQUEST A FAIR HEARING BEFORE THE DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF HEARINGS AND APPEALS. I AM REQUESTING THIS APPEAL ON BEHALF OF  
THE FOLLOWING INDIVIDUAL RECEIVING HOME AND COMMUNITY BASED SERVICES  
FUNDED UNDER A MEDICAID WAIVER FOR INDIVIDUALS WITH MENTAL RETARDATION.

NAME OF INDIVIDUAL RECEIVING SERVICES \_\_\_\_\_

MEDICAID ACCESS NUMBER OF INDIVIDUAL RECEIVING SERVICES \_\_\_\_\_

I HEREBY REQUEST THIS APPEAL BASED ON THE FOLLOWING ACTIONS AND I  
REQUEST THE FOLLOWING REMEDIES(EXPLAIN)

\_\_\_\_\_  
\_\_\_\_\_

NAME OF INDIVIDUAL'S REPRESENTATIVE (IF APPLICABLE) \_\_\_\_\_

NAME OF INDIVIDUAL'S REPRESENTATIVE (IF APPLICABLE) \_\_\_\_\_

DAY TELEPHONE NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PLEASE CHECK ONE OF THE ITEMS BELOW TO INDICATE THE TYPE OF HEARING YOU WANT:

\_\_\_\_\_ I WANT A TELEPHONE HEARING

\_\_\_\_\_ I WANT A FACE TO FACE HEARING

PLEASE INDICATE BELOW WHAT INFORMATION IS NEEDED IN A LANGUAGE OTHER  
THAN ENGLISH, WHAT TYPE OF INTERPRETER, COMMUNICATIONS ASSISTANCE OR  
ACCOMODATION YOU NEED, IF ANY, AT THE HEARING:

\_\_\_\_\_  
\_\_\_\_\_

CC: COUNTY MENTAL HEALTH/MENTAL RETARDATION PROGRAM  
REGIONAL PROGRAM MANAGER, OFFICE OF MENTAL RETARDATION  
WAIVER COORDINATOR, CENTRAL OFFICE OF MENTAL RETARDATION, BUREAU OF COMMUNITY PROGRAMS

**HOME AND COMMUNITY-BASED SERVICES  
FOR INDIVIDUALS WITH MENTAL RETARDATION**

INSTRUCTIONS AND NOTICE OF RIGHT TO FAIR HEARING

IF YOU ARE APPLYING FOR WAIVER SERVICES OR AN ICF/MR LEVEL OF CARE, OR IF YOU OBJECT TO AN ACTION TAKEN AFFECTING YOUR CLAIM FOR WAIVER SERVICES, YOU HAVE THE RIGHT TO A COUNTY CONFERENCE OR FAIR HEARING, OR BOTH IF:

- YOU OR YOUR LEGAL REPRESENTATIVE HAVE NOT BEEN INFORMED OF FEASIBLE HOME AND COMMUNITY-BASED SERVICES, INCLUDING SERVICES FUNDED UNDER THE WAIVER, AS AN ALTERNATIVE TO CARE IN AN ICF/MR (INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH MENTAL RETARDATION), AND ABOUT SERVICES IN AN ICF/MR.
- YOU OR YOUR LEGAL REPRESENTATIVE HAVE NOT BEEN OFFERED THE PREFERENCE OF HOME AND COMMUNITY-BASED SERVICES FUNDED UNDER THE WAIVER AS AN ALTERNATIVE TO CARE IN AN ICF/MR.
- YOU OR YOUR REPRESENTATIVE HAVE BEEN DENIED YOUR PREFERENCE TO RECEIVE WAIVER-FUNDED HOME AND COMMUNITY-BASED SERVICES OR ICF/MR.
- YOUR CLAIM FOR SERVICES IS NOT ACTED UPON WITH REASONABLE PROMPTNESS.
- YOU OR YOUR LEGAL REPRESENTATIVE HAVE BEEN DENIED YOUR CHOICE OF
  - (a) HOME AND COMMUNITY-BASED SERVICES FUNDED UNDER THE WAIVER OR
  - (b) QUALIFIED PROVIDERS OF WAIVER FUNDED OR ICF/MR SERVICES.
- WAIVER-FUNDED SERVICES IN YOUR INDIVIDUAL PROGRAM PLAN WERE REDUCED, TERMINATED OR SUSPENDED WITHOUT YOUR CONSENT.

YOU ALSO HAVE THE RIGHT TO APPEAL ANY ACTION OR FAILURE TO ACT AND TO HAVE A HEARING IF YOU ARE DISSATISFIED WITH ANY DECISION TO REFUSE, SUSPEND, REDUCE OR TERMINATE MEDICAID HOME AND COMMUNITY-BASED WAIVER SERVICES. HOWEVER, YOU WILL NOT BE GRANTED A HEARING IF THE ACTION TAKEN WAS SOLELY CAUSED BY STATE OR FEDERAL LAW OR REGULATIONS REQUIRING A CHANGE IN THE TYPE OF SERVICES AVAILABLE TO YOU.

IF YOU WANT A CONFERENCE TO DISCUSS YOUR CONCERNS OR TO HAVE AN INDEPENDENT MEDIATION, PLEASE WRITE OR PHONE YOUR COUNTY MH/MR PROGRAM DESIGNEE.

YOUR COUNTY DESIGNEE WILL ALSO HELP IN FILING FOR AN APPEAL BEFORE THE DEPARTMENT OF PUBLIC WELFARE, BUREAU OF HEARINGS AND APPEALS, IF YOU SO REQUEST.

YOUR COUNTY DESIGNEE IS \_\_\_\_\_  
NAME

THIS COUNTY DESIGNEE CAN BE REACHED AT THE FOLLOWING ADDRESS AND TELEPHONE NUMBER:

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

IF YOU CHOOSE TO HAVE A CONFERENCE OR MEDIATION WITH THE COUNTY MH/MR PROGRAM, YOU MAY DO SO WITHOUT FORFEITING YOUR APPEAL RIGHTS IF YOU CONTACT THE COUNTY MH/MR PROGRAM DESIGNEE WITHIN 10 DAYS OF YOUR NOTIFICATION OF THE CONTESTED ACTION. YOU DO NOT HAVE TO HAVE A COUNTY CONFERENCE OR MEDIATION IF YOU WANT TO GO DIRECTLY TO A DEPARTMENT OF PUBLIC WELFARE HEARING OFFICER TO HAVE YOUR APPEAL HEARD.

IF YOU CHOOSE TO HAVE A COUNTY CONFERENCE OR MEDIATION, SERVICES SHOULD NOT CHANGE UNTIL A DECISION ON THE CONFERENCE OR INDEPENDENT MEDIATION IS MADE, UNLESS THAT CHANGE IS BASED SOLELY ON FEDERAL OR STATE LAW, REGULATION OR POLICY.

IF YOU ARE NOT SATISFIED WITH THE RESULTS OF THE CONFERENCE OR MEDIATION, YOU MAY APPEAL TO THE DEPARTMENT OF PUBLIC WELFARE, BUREAU OF HEARINGS AND APPEALS, WITHIN 30 DAYS OF BEING NOTIFIED OF THE COUNTY'S DECISION. YOUR APPEAL MUST BE SENT FIRST TO THE COUNTY MH/MR PROGRAM, AND THEY WILL FORWARD IT TO THE BUREAU OF HEARINGS AND APPEALS. IF YOU ARE APPEALING A CHANGE IN SERVICES WHICH ARE ALREADY PROVIDED TO YOU AND IF YOU APPEAL TO THE DEPARTMENT WITHIN 10 DAYS OF THE COUNTY'S DECISION, SERVICES WILL GENERALLY CONTINUE WITHOUT CHANGE UNTIL THE DEPARTMENT'S HEARING OFFICER MAKES HIS/HER DECISION. SERVICES WILL NOT CONTINUE IF THE ACTION IS BASED SOLELY ON A CHANGE IN FEDERAL OR STATE REQUIREMENTS.

IF YOU DECIDE TO APPEAL DIRECTLY TO THE DEPARTMENT OF PUBLIC WELFARE, BUREAU OF HEARINGS AND APPEALS, YOU MUST WRITE TO THE DEPARTMENT'S BUREAU OF HEARINGS AND APPEALS WITHIN 30 DAYS OF THE DECISION OR ACTION BEING TAKEN WHICH YOU WANT TO APPEAL USING FORM MR 458. THE APPEAL MUST FIRST BE SENT TO THE COUNTY MH/MR PROGRAM, AND THEY WILL FORWARD IT TO THE BUREAU OF HEARINGS AND APPEALS.

IF YOU ARE ALREADY RECEIVING WAIVER SERVICES, WAIVER SERVICES WILL CONTINUE WITHOUT CHANGE UNTIL THE FAIR HEARING DECISION IS MADE IF:

- YOU ARE APPEALING A DECISION TO REDUCE, TERMINATE OR SUSPEND WAIVER FUNDED SERVICES THAT YOU WERE AUTHORIZED TO RECEIVE IN YOUR INDIVIDUAL PROGRAM PLAN.
- YOU FILE THE APPEAL WITHIN 10 DAYS OF BEING INFORMED OF THE COUNTY'S DECISION.
- THE ACTION IS NOT DONE SOLELY TO COMPLY WITH FEDERAL OR STATE LAW, REGULATION OR POLICY.

THE DEPARTMENT OF PUBLIC WELFARE, BUREAU OF HEARINGS AND APPEALS TELEPHONE NUMBERS AND ADDRESSES FOLLOW:

**1. BUREAU OF HEARINGS AND APPEALS**

**HEADQUARTERS:**

Bureau of Hearings and Appeals  
2330 Vartan Way, Second Floor  
Harrisburg, PA 17110  
Phone: (717) 772-2769

**3. BUREAU OF HEARINGS AND APPEALS**

**SOUTHEAST REGION**

Bureau of Hearings and Appeals  
1400 Spring Garden Street, Room 1608  
Philadelphia, PA 19130-9943  
Phone: (215) 560-2378.

**2. BUREAU OF HEARINGS AND APPEALS  
CENTRAL AND NORTHEAST REGIONS**

Bureau of Hearings and Appeals  
2330 Vartan Way  
Harrisburg, PA 17110  
Phone: (717) 783-3950

**4. BUREAU OF HEARINGS AND APPEALS  
WESTERN REGION**

Bureau of Hearings and Appeals  
Two Gateway Center, Suite 1125  
603 Stanwix Street  
Pittsburgh, PA 15222  
Phone: (412) 565-5213

AT THE HEARING, YOU CAN PRESENT TO THE HEARING OFFICER THE REASONS YOU DISAGREE WITH THE ACTION OR DECISION AND PRESENT EVIDENCE AND/OR WITNESSES TO SUPPORT YOUR CASE. YOU HAVE THE RIGHT TO REPRESENT YOURSELF OR TO HAVE SOMEONE ELSE REPRESENT YOU (SEE ATTACHED LIST OF LEGAL AID OFFICES).

IF YOU NEED LEGAL COUNSEL, THE COUNTY MH/MR CONTACT PERSON WILL REFER YOU TO FREE COUNSEL AND ADVOCATES ON REQUEST.

IF YOU SPEAK A LANGUAGE OTHER THAN ENGLISH OR HAVE PROBLEMS IN COMMUNICATING AND NEED AN INTERPRETER, YOU MAY BRING AN INTERPRETER TO THE HEARING. IF YOU ARE UNABLE TO PROVIDE YOUR OWN INTERPRETER, YOU MAY REQUEST ASSISTANCE ON THE APPEAL REQUEST FORM AND/OR BY CONTACTING THE COUNTY CONTACT PERSON OR THE BUREAU OF HEARINGS AND APPEALS. YOU MUST REQUEST THIS IN ADVANCE OF THE HEARING.

IF YOU NEED SOME OTHER ACCOMMODATION TO ATTEND OR PARTICIPATE IN THE HEARING, YOU MAY REQUEST ASSISTANCE IN OBTAINING SUCH AN ACCOMMODATION, BUT YOU MUST MAKE THIS REQUEST IN ADVANCE OF THE HEARING. THESE REQUESTS MAY BE MADE BY CONTACTING YOUR COUNTY DESIGNEE.

THE BUREAU OF HEARINGS AND APPEALS WILL HOLD A HEARING FOR YOU EITHER OVER THE TELEPHONE OR FACE-TO-FACE. YOU MAY CHOOSE WHICH TYPE YOU WANT. IF YOU DO NOT HAVE A PHONE, YOU CAN USE THE PHONE AT THE COUNTY MH/MR PROGRAM OR THE PHONE OF A FRIEND, RELATIVE OR NEIGHBOR. INDICATE WHETHER YOU WANT A TELEPHONE OR FACE-TO-FACE HEARING ON THE ATTACHED APPEAL REQUEST FORM.

THE ATTACHED FAIR HEARING REQUEST FORM SHOULD BE USED TO FILE YOUR APPEAL. YOUR COUNTY DESIGNEE OR REPRESENTATIVE MAY HELP YOU COMPLETE AND MAIL THIS FORM TO THE BUREAU OF HEARINGS AND APPEALS.

YOUR COUNTY DESIGNEE WILL COPY YOUR FAIR HEARING REQUEST FORM AND SEND A COPY TO BOTH THE REGIONAL AND STATE OFFICES OF MENTAL RETARDATION. THE STATE AND REGIONAL OFFICES OF MENTAL RETARDATION ADDRESSES ARE AS FOLLOWS:

1. **SE REGION OFFICE OF MENTAL RETARDATION**  
1400 SPRING GARDEN STREET  
PHILADELPHIA, PA 19130-4064
2. **NE REGIONAL OFFICE OF MENTAL RETARDATION**  
100 LACKAWANNA AVENUE,  
SCRANTON, PA 18503
3. **CENTRAL REGION OFFICE OF MENTAL RETARDATION**  
ROOM 430, WILLOW OAK BUILDING  
HARRISBURG STATE HOSPITAL  
HARRISBURG, PA 17120
4. **WESTERN REGION OFFICE OF MENTAL RETARDATION**  
300 LIBERTY AVENUE,  
PITTSBURGH, PA 15222
5. **OFFICE OF MENTAL RETARDATION**  
ROOM 512 HEALTH AND WELFARE BUILDING  
P.O. BOX 2675  
HARRISBURG, PA 17105

## BUREAU OF HEARINGS & APPEALS AGENCY APPEAL COVER SHEET

**PART I – CASE RECORD INFORMATION - BHA USE ONLY**

ACCESS ID # BHA Use Only

County #	Welfare Case Record Number or Pseudo Number	Appeal No.
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**PART II – AGENCY INFORMATION - TO BE COMPLETED BY THE AGENCY**

<b>Agency</b>				
Agency Contact Person Name		Last	First	MI
Agency Contact Person Title				
Agency Address				
City	State	Zip Code	-	
Agency Contact Telephone No. ( ) -				

**PART III – APPELLANT INFORMATION - TO BE COMPLETED BY THE AGENCY**

<b>Appellant Name</b>		Last	First	MI
Sex	Facility (if applicable)			
Address				
City	State	Zip Code	-	
Appellant Telephone No. ( ) -				

**PART IV – APPELLANT’S REPRESENTATIVE INFORMATION - TO BE COMPLETED BY THE AGENCY**

<b>Representative’s Name</b>		Last	First	MI
Representative’s Agency (if applicable)				
Representative’s Address				
City	State	Zip Code	-	
Representative’s Telephone No. ( ) -		Relationship to Appellant		
<b>2nd Representative’s Name</b>		Last	First	MI
2nd Representative’s Agency (if applicable)				
2nd Representative’s Address				
City	State	Zip Code	-	
2nd Representative’s Telephone No. ( ) -		Relationship to Appellant		

**PART V – APPEAL INFORMATION - TO BE COMPLETED BY THE AGENCY**

Issue	Category	Continue Benefits?	Adverse Action Notice (form #, letter etc)	Adverse Action Notice Date
#1				
#2				
#3				
Date Filed		Interim Relief Date	Hearing Type (T, F or N)	IR Case? (Y or N) <b>N</b>
<b>Special Scheduling Requests or Accommodations</b>				
<b>Comments</b>				

**PART VI - LIMITED ENGLISH PROFICIENCY (LEP) ASSESSMENT – TO BE COMPLETED BY THE AGENCY (required)**

Language Code	Language	Name of Agency Staff Making Assessment	
Translate document s?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Interpreter needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Telephone No. of Above Staff</b> ( ) -

**PART VII – BHA USE ONLY**

Administrative Law Judge	Hearing Date	Hearing Time	Hearing Length	Perfected by (initials)	Date
CC:					

**BUREAU OF HEARINGS & APPEALS AGENCY APPEAL COVER SHEET**

**Instructions for Completion:** This cover sheet is designed to aid in processing appeals by providing information about the appeal at a glance. The revised cover sheet is a Microsoft (MS) Word form. An original, completed paper “hard copy” of the cover sheet must be submitted to the Bureau of Hearings and Appeals (BHA) with each appeal. The agency must retain a copy of the cover sheet either as a paper “hard copy” or as an electronic copy in MS Word. The new cover sheet allows for more efficient data entry of the appeal information into the BHA MAPPER database. Agency staff must carefully review the appeal in order to fill out the cover sheet. Completing the cover sheet alerts the agency if there is information missing from the appeal. The agency may then retrieve the missing information from the file or make contact with the Appellant to get the information.

The cover sheet may be typed as a MS Word document to improve legibility. A typed cover sheet is preferred. Handwritten cover sheets are also adequate if they are neatly and legibly printed. Agency staff completes Parts II-VI. If you type the cover sheet in MS Word, and need instructions for a particular field, electronic instructions have been incorporated into the document. To get instructions, use your mouse to point to a field for several seconds and instructions for that field will appear on the screen as comments. The form is “protected” so that its format cannot be changed but the information may still be typed into the fields. If you type the cover sheet in MS Word, type the required information in the field and hit the “tab” key to move to the next field. The following items are detailed written instructions for completing each field on the cover sheet.

**PART I – CASE RECORD INFORMATION – To be completed by BHA**

**PART II - AGENCY INFORMATION – To be completed by the Agency:**

**AGENCY-** Enter the name of the agency that made the decision or issued the notice that is being appealed.

**AGENCY CONTACT PERSON NAME –** Enter the name of the agency contact person who will receive the notice of the hearing date and time and who will represent the Agency at the hearing.

**AGENCY CONTACT PERSON TITLE -** Enter the job title of the agency contact person listed above.

**AGENCY ADDRESS -** Enter the number and street of the mailing address of the agency include any suite number, floor number, etc. This is the address where the notice of the hearing date and time will be sent to the attention of the Agency contact person.

**CITY-** Enter the city of the agency’s current mailing address. Do not abbreviate.

**STATE -** Enter the two-letter state abbreviation of the agency’s current mailing address. Example: PA for Pennsylvania.

**ZIP CODE -** Enter the zip code + 4 of the agency’s current mailing address.

**AGENCYCONTACT TELEPHONE NO.-** Enter the telephone number of the agency contact person. Unless otherwise specified, this is the number that will be called for a telephone hearing. If the agency has a different telephone number for the telephone hearing, please provide that telephone number in the comments section in Part V.

**PART III – APPELLANT INFORMATION – To be completed by the agency:**

**NAME-** Enter the Appellant’s full name. Enter the last name, then the first name, and then the middle initial (if known). Include suffixes such as Jr., Sr., III, etc. in the last name field. Leave a space after the last name, before any suffix.

**SEX –** Enter “F” if the Appellant is female. Enter “M” if the Appellant is male.

**FACILITY – Enter the name of the Facility where the Appellant resides, if it is part of the Appellant’s current mailing address. For example: If the Appellant currently resides in a nursing home and receives his/her mail there, enter the name of the nursing home here.**

**ADDRESS–** Enter the number and street of the Appellant’s current mailing address. Include the apartment number, lot number, floor, etc. Remember to check the actual appeal for any change of address. NOTE: If the Appellant is now deceased, enter “deceased” in parentheses. Then enter “c/o” and the address of the Appellant’s representative.

**CITY –** Enter the city of the Appellant’s current mailing address. Do not abbreviate.

**STATE –** Enter the two letter state abbreviation of the Appellant’s current mailing address. Example: PA for Pennsylvania.

**ZIP CODE -** Enter the zip code + 4 of the Appellant’s current mailing address.

**TELEPHONE NO. – Enter the Appellant’s current daytime telephone number or the telephone number the Appellant indicated on the appeal where the Appellant will be called if he/she selected a telephone hearing.**

**PART IV- APPELLANT’S REPRESENTATIVE INFORMATION – To be completed by the agency:**

The representative is a person, other than the Appellant, whom the Appellant authorized to act on his or her behalf for the appeal and hearing process. The representative may file the appeal on the Appellant’s behalf and/or represent the Appellant at the hearing. For example: if the Appellant did not sign the appeal and someone else signed on his/her behalf, that person is the representative. If someone will represent the Appellant at the hearing, that person is the representative. The representative receives copies of all of the correspondence from the Bureau of Hearings and Appeals. If the Appellant is representing himself/herself and does not have another representative leave the fields in this section blank.

**REPRESENTATIVE’S NAME - Enter the name of the representative who signed the appeal or who will represent the Appellant at the hearing, if applicable. Enter the last name, then first name, and then the middle initial (if known).**

**REPRESENTATIVE’S AGENCY –** Enter the name of the representative’s agency or employer if it is part of the representative’s current mailing address.

**REPRESENTATIVE’S ADDRESS – Enter the number and street of the representative’s current mailing address. Include the apartment number, lot number, suite, floor, etc. of the representative’s current mailing address (if applicable). Enter the representative’s address even if it is the same as the Appellant’s address.**

**CITY–** Enter the city of the representative’s current mailing address. Do not abbreviate.

**STATE–** Enter the two letter state abbreviation for the representative’s current mailing address. Example: enter PA for Pennsylvania.

**ZIP CODE –** Enter the zip code + 4 for the representative’s current mailing address.

**REPRESENTATIVE’S TELEPHONE NO. – Enter the telephone number where the representative may be reached for a telephone hearing. Otherwise enter the representative’s current daytime telephone number.**

**RELATIONSHIP TO APPELLANT –** Enter the relationship of the representative to the Appellant. For example: mother, brother, friend, attorney, nursing home administrator, etc. If the representative is both a relative and a power of attorney enter both. Example: mother/POA. If a power of attorney or authorization to represent document is on file at the agency, include a copy when submitting the appeal to BHA.

**SECOND REPRESENTATIVE INFORMATION-**The second representative is any other representative of the Appellant who needs to be copied on correspondence from the Bureau of Hearings and Appeals. Refer to the instructions under the Representative section above for these fields.

**PART V – APPEAL INFORMATION – To be completed by the agency:**

**ISSUE** – Enter the BHA issue code from the BHA issue code list that best describes each action being appealed. Select the code within the category section that best describes the action. Only three actions may be listed per appeal. No more than three actions may be included per appeal. Appeals of additional actions must be entered into the BHA MAPPER database as an additional appeal(s) and will require additional cover sheet(s).

**CIS CATEGORY CODE** – Enter the Client Information System (CIS) Category Code related to the benefits in each issue, if applicable.

**CONTINUE BENEFITS** – Enter “Y” for yes if the Appellant’s benefits will continue during the appeal (i.e. if the Appellant was receiving benefits and appealed within 10 days of the date of the notice OR if the action on appeal does not terminate benefits). Enter an “N” for no if the Appellant’s benefits will not continue during the appeal.

**ADVERSE ACTION NOTICE**– Enter information about the notice(s) the agency sent to the Appellant about the issue(s) on appeal in this section. Enter the form number of the notice being appealed for each issue. Example: MR 458, PW1299, etc. You must enter the form number even if the Appellant did not include the notice with the appeal. If the notice was not included get the information from agency records, etc. If the Appellant did not include a copy of the notice, submit a copy from agency records when submitting the appeal to BHA. If the notice was a letter and did not have a form number, indicate “letter” in this field and the type of letter. Example: denial letter, discontinuance letter, etc. Note: if you wish to document letters of appeal submitted by the Appellant, please do so in the Comments section provided at the bottom of the form.

**ADVERSE ACTION NOTICE DATE** – Enter the date(s) the notice(s) was (were) issued to the Appellant. Use this format MMDDYY.

**DATE FILED** – Enter the date the appeal was first received at the agency. Do not use the postmark date. The appeal should be date stamped when it is first received at the agency. Use the date of the agency date stamp.

**INTERIM RELIEF (IR) DATE** – Use the Interim Relief Due Date Chart to determine the Interim Relief due date and enter it here. The Interim Relief due date is 90 calendar days from the file date for all appeals that do not contain Food Stamp issues. The Interim Relief due date is 60 calendar days from the file date for all appeals with a Food Stamp issue. Exception: Appeals that have a Food Stamp issue and a TANF issue have an Interim Relief due date of 90 calendar days from the file date.

**TYPE OF HEARING (T, F, N)** – Enter the type of hearing requested by the Appellant here. Enter “T” for telephone, “F” for face-to-face or “N” for no phone. Face-to-Face hearings are conducted at one of BHA’s regional or field offices. The default hearing type is telephone. If the Appellant selects both face-to-face and telephone on the appeal, enter “T” for telephone if he/she has a telephone number. If the Appellant has selected neither type, but has a telephone number, enter “T” for telephone. In either of these situations if the Appellant does not have a telephone number, enter “N” for no phone and the Appellant will be given a telephone hearing at the agency. Enter “F” for face-to-face only if that is the only type selected by the Appellant.

**IR CASE? (Y OR N)** – Always enter “N” for no because the IR date has not yet passed.

**SPECIAL SCHEDULING REQUESTS OR ACCOMMODATIONS** – Enter any special scheduling requests made by the Appellant or AGENCY representatives in this section. The BHA complies with the Americans with Disabilities Act (ADA). If the Appellant is disabled and requires special accommodation to participate in the hearing, enter the type of accommodation in this section. Example: large print documents due to visual impairment.

**COMMENTS** – Enter brief comments related to processing the appeal. Use this space only if necessary for comments related to processing or scheduling the appeal.

**PART VI – LIMITED ENGLISH PROFICIENCY ASSESSMENT – To be completed by the agency:**

**This section must be completed for each appeal.** Persons with Limited English Proficiency are persons who are limited in their ability to communicate in the English language and are better able to communicate in a language other than English. The Department of Public Welfare is committed to ensuring that persons with Limited English Proficiency (LEP) have access to its benefits and services. In order to do so, DPW staff must assess if the Appellant needs an interpreter and/or translated documents. Use the fields described below to document your LEP assessment of the Appellant. Use all of the available information to make your assessment such as contact with the Appellant in person, in writing or via telephone, agency file documentation, requests for interpreters made by the Appellant on the appeal form, etc.

**LANGUAGE CODE** – Enter the language code for the Appellant’s language. Enter “E” for English, “S” for Spanish or “O” for any other language. If you enter “O,” be sure to enter the name of the Appellant’s language in the next field.

**LANGUAGE** – Enter the name of the Appellant’s language.

**NAME OF AGENCY STAFF MAKING THE ASSESSMENT**– Enter the name of the Agency staff person who made the Limited English Proficiency (LEP) assessment.

**TRANSLATED DOCUMENTS?** - Check the box marked “yes” if the Appellant needs documents translated into a language other than English. Otherwise, check the box marked “no.”

**INTERPRETER NEEDED?** – Check the box marked “yes” if the Appellant needs an interpreter for a language other than English. Otherwise, check the box marked “no.” If the Appellant needs an interpreter but wants to use a family member or friend to interpret, check the box marked yes. Then, indicate whom the Appellant wants to use as an interpreter in the Comments section at the bottom of the cover sheet.

**TELEPHONE NUMBER OF ABOVE STAFF** – Enter the telephone number of the agency staff person who made the LEP assessment.

**PART VI – BHA Use Only Do not write or type in this section. This section is reserved for BHA scheduling information.**

**DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF HEARINGS AND APPEALS**

**Mental Retardation Services Appeal Issue Codes**

(Revised 03/04)

870	OMR	OBRA/Nursing Home Reform - Ineligible for Nursing Home Level of Care
871	OMR	Consolidated Waiver (2176) - Denial, Suspension, Reduction or Termination of Services
872	OMR	Consolidated Waiver - Determination of Mental Retardation/Level of Care
873	OMR	Consolidated Waiver - Service Preference of Waiver Services Denied
874	OMR	Consolidated Waiver - Amount, Duration, Scope of Waiver Services
875	OMR	Consolidated Waiver – Choice of Service Provider for Waiver Services
876	OMR	Person/Family Directed Support Waiver - Denial, Suspension or Termination of Services
877	OMR	Person/Family Directed Support Waiver - Determination of Mental Retardation/Level of Care
878	OMR	Person/Family Directed Support Waiver - Service Preference of Waiver Services Denied
879	OMR	Person/Family Directed Support Waiver - Amount, Duration or Scope of Waiver Services
880	OMR	Person/Family Directed Support Waiver - Choice of Service Provider for Waiver Services
881	OMR	Infants, Toddlers and Families Waiver
882	OMR	Liability for Payment of Mental Retardation Services

# LEGAL SERVICES

## ADAMS COUNTY

Legal Services Inc.  
432 South Washington Street  
Gettysburg, PA 17325  
Telephone: (717) 334-7623

## ALLEGHENY COUNTY

Neighborhood Legal Services Assoc.  
928 Penn Avenue  
Pittsburgh, PA 15222  
Telephone: (412) 255-6700

## ARMSTRONG COUNTY

Laurel Legal Services  
206 South Water Street  
Kittanning, PA 16201  
Telephone: (724) 548-7674

## BEAVER COUNTY

Neighborhood Legal Services Assoc.  
266 Franklin Avenue  
Aliquippa, PA 15001  
Telephone: (724) 378-0595

## BEDFORD COUNTY

Southern Alleghenys Legal Aid, Inc.  
Three Meadow Lane  
P.O. Box 202  
Bedford, PA 15522  
Telephone: (814) 623-6189

## BERKS COUNTY

Central Pennsylvania Legal Services  
501 Washington Street  
Suite 401  
Reading, PA 19601  
Telephone: (610) 376-8656

## BLAIR COUNTY

Southern Alleghenys Legal Aid, Inc.  
1107 12<sup>th</sup> Street  
Suite 508  
Altoona, PA 16601  
Telephone: (814) 943-8139

## BRADFORD COUNTY

North Penn Legal Services  
521 Main Street  
Towanda, PA 18848  
Telephone: (570) 265-6127  
Toll Free: (800) 942-4028

## BUCKS COUNTY

Bucks County Legal Aid Society  
1290 New Rodgers Road  
P.O. Box 809  
Bristol, PA 19007  
Telephone: (215) 781-1111

## BUTLER COUNTY

Neighborhood Legal Services Assoc.  
220 South Main Street  
Suite 301  
Butler, PA 16001  
Telephone: (724) 282-3888

## CAMBRIA COUNTY

Southern Alleghenys Legal Aid, Inc.  
400 Franklin Center  
227 Franklin Street  
Johnstown, PA 15901  
Telephone: (814) 536-8917

## CAMERON COUNTY

Northwestern Legal Services  
100 Main Street  
Bradford, PA 16701  
Telephone: (814) 362-6596  
Toll Free: (800) 753-5703

## CARBON COUNTY

North Penn Legal Services  
122-124 Iron Street  
Lehighton, PA 18235  
Telephone: (610) 377-5400

## CENTRE COUNTY

Mid Penn Legal Services, Inc.  
2054 East College Avenue  
State College, PA 16801  
Telephone: (814) 238-4958

## CHESTER COUNTY

Legal Aid of Chester County, Inc.  
14 East Biddle Street  
West Chester, PA 19380  
Telephone: (610) 436-9150

## CLARION COUNTY

Laurel Legal Services Inc.  
231 West Main Street  
Clarion, PA 16214  
Telephone: (814) 226-4340

**CLEARFIELD COUNTY**

Keystone Legal Services  
211 ½ East Locust Street  
Clearfield, PA 16830  
Telephone: (814) 326-9177

**CLINTON COUNTY**

North Penn Legal Services  
329 Market Street  
Williamsport, PA 17701-6306  
Toll Free: (800) 326-7436  
Telephone: (570) 323-8741

**COLUMBIA COUNTY**

North Penn Legal Services  
168 East Fifth Street  
Bloomsburg, PA 17815-2206  
Telephone: (570) 784-8760

**CRAWFORD COUNTY**

Northwestern Legal Services  
Professional Building  
231 Chestnut Street  
Meadville, PA 16335  
Telephone: (814) 724-1040

**CUMBERLAND COUNTY**

Legal Services, Inc.  
Eight Irvine Row  
Carlisle, PA 17013  
Telephone: (717) 243-9400

**DAUPHIN COUNTY**

Mid Penn Legal Services  
213-A North Front Street  
Harrisburg, PA 17101  
Telephone: (717) 232-0581

**DELAWARE COUNTY**

Delaware County Legal Assistance Assoc. Inc.  
410 Welsh Street  
Chester, PA 19013  
Telephone: (610) 874-8421

**ELK COUNTY**

(See CAMERON COUNTY)

**ERIE COUNTY**

Northwestern Legal Services  
1001 State Street  
Suite 1200  
Erie, PA 16501  
Telephone: (814) 452-6959

**FAYETTE COUNTY**

Southwestern PA Legal Aid Society, Inc.  
48 East Main Street  
Uniontown, PA 15401  
Telephone: (724) 439-3591

**FOREST COUNTY**

Northwest Legal Services  
Warr Penn Building  
Room 407  
213 Third Avenue  
Warren, PA 16365  
Telephone: (814) 726-2530

**FRANKLIN COUNTY**

Legal Services Inc.  
100 Franklin Farm Lane  
Chambersburg, PA 17201  
Telephone: (717) 264-5354

**FULTON COUNTY**

Legal Services Inc.  
302 Lincoln Way East  
P.O. Box 445  
McConnellsburg, PA 17233  
Telephone: (717) 485-4015

**GREENE COUNTY**

Southwestern PA Legal Aid Society, Inc.  
93 East High Street  
Room 302  
Waynesburg PA 15370  
Telephone: (724) 627-3127

**HUNTINGDON COUNTY**

(See CENTRE COUNTY)

**INDIANA COUNTY**

Laurel Legal Services  
1112 Oakland Avenue  
Suite 11  
Indiana, PA 15701  
Telephone: (724) 349-3440

**JEFFERSON COUNTY**

Laurel Legal Services  
201 Main Street  
Brookville, PA 15825  
Telephone: (814) 849-3044

**JUNIATA COUNTY**

(See CENTRE COUNTY)

**LACKAWANNA COUNTY**

North Penn Legal Services  
507 Linden Street  
Suite 300  
Scranton, PA 18503  
Telephone: (570) 342-0184  
Toll Free: (800) 982-4387

**LANCASTER COUNTY**

Mid Penn Legal Services  
38 North Christian Street  
Suite 200  
Lancaster, PA 17602  
Telephone: (717) 299-0971

**LAWRENCE COUNTY**

Neighborhood Legal Services  
125 East North Street  
Temple Building  
Third Floor, Suite 329  
New Castle, PA 16101  
Telephone: (724) 658-2677

**LEBANON COUNTY**

Central PA Legal Services  
118 North Eighth Street  
Lebanon, PA 17046  
Telephone: (717) 274-2834

**LEHIGH COUNTY**

North Penn Legal Services  
65 East Elizabeth Avenue  
Suite 903  
Bethlehem, PA 18018  
Telephone: (610) 317-8757

**LUZERNE COUNTY**

North Penn Legal Services  
401 Bicentennial Building  
15 Public Square  
Suite 410  
Wilkes-Barre, PA 18701  
Telephone: (570) 825-8567

And

North Penn Legal Services  
145 E. Broad Street  
Room 108  
Hazelton, PA 18201  
Telephone: (570) 455-9512

**LYCOMING COUNTY**

(See CLINTON COUNTY)

**MCKEAN COUNTY**

(See CAMERON COUNTY)

**MERCER COUNTY**

Northwestern Legal Services  
1031 Roemer Boulevard  
Farrell, PA 16121  
Telephone: (724) 346-6112

**MIFFLIN COUNTY**

(See CENTRE COUNTY)

**MONROE COUNTY**

North Penn Legal Services  
729 Monroe Street  
Stroudsburg, PA 18360  
Telephone: (570) 424-5338  
Toll Free: (800) 532-8282

**MONTGOMERY COUNTY**

Montgomery County Legal Aid Service  
317 Swede Street  
Norristown, PA 19404  
Telephone: (610) 275-5400

**MONTOUR COUNTY**

(See COLUMBIA COUNTY)

**NORTHAMPTON COUNTY**

(See LEHIGH COUNTY)

**NORTHUMBERLAND COUNTY**

North Penn Legal Services  
206 Arch Street  
Sunbury, PA 17801  
Telephone: (570) 286-5687

**PERRY COUNTY**

(See DAUPHIN COUNTY)

**PHILADELPHIA COUNTY**

Community Legal Services, Inc.  
1424 Chestnut Street  
Philadelphia, PA 19102  
Telephone: (215) 981-3700

AND

Community Legal Services, Inc.  
Law Center North Central  
3638 North Broad Street  
Philadelphia, PA 19140  
Telephone: (215) 227-2400

**PIKE COUNTY**

(See MONROE COUNTY)

**POTTER COUNTY**

(See CAMERON COUNTY)

**SCHUYLKILL COUNTY**

Mid Penn Legal Services  
 Pottsville Law Building  
 100 West Laurel Boulevard  
 Pottsville, PA 17901  
 Toll Free: (800) 299-6599

**SNYDER COUNTY**

(See NORTHUMBERLAND COUNTY)

**SOMERSET COUNTY**

Southern Alleghenys Legal Aid Inc.  
 147 East Union Street  
 Somerset, PA 15501  
 Telephone: (814) 443-4615

**SULLIVAN COUNTY**

North Penn Legal Services  
 Robinson Building P.O. Box 703  
 Tunkhannock, PA 18657  
 Telephone: (570) 836-5149

**SUSQUEHANNA COUNTY**

North Penn Legal Services  
 Federal Building  
 Room 108  
 Montrose, PA 18801  
 Telephone: (570) 342-0184

**TIOGA COUNTY**

North Penn Legal Services  
 304 B St. James Complex  
 Mansfield, PA 16933  
 Telephone: (570) 724-3464  
 Toll Free: (800) 326-7436

**UNION COUNTY**

(See NORTHUMBERLAND COUNTY)

**VENANGO COUNTY**

Northwestern Legal Services  
 1243 Liberty Street  
 Franklin, PA 16323  
 Telephone: (814) 437-3028

**WARREN COUNTY**

Northwestern Legal Services  
 Warr-Penn Building, Room 407  
 Warren, PA 16365  
 Telephone: (814) 726-2530

**WASHINGTON COUNTY**

Southwestern PA Legal Aid Society  
 14 W. Cherry Street  
 Washington, PA 15301  
 Telephone: (724) 255 6170

**WAYNE COUNTY**

North Penn Legal Services  
 Wayne County Courthouse  
 Honesdale, PA 18431  
 Telephone: (570) 253-1031

**WESTMORELAND COUNTY**

Laurel Legal Services Inc.  
 306 S. Pennsylvania Avenue  
 Greensburg, PA 15601  
 Telephone: (712) 836-2211

**WYOMING COUNTY**

(See SULLIVAN COUNTY)

**YORK COUNTY**

Central Pennsylvania Legal Services  
 256 East Market Street  
 York, PA 17403  
 Telephone: (717) 848-3605